

Press Release Document Filename: pr-(topic)-ddmoyr.doc
suggested format: pr-measles-13Oct03.doc

Rhode Island Department of Health Press Release Checklist

Press Release Originated by: _____
(name)

(office) (date)

1. Single Overriding Health Communication Objective intended: _____

2. To whom is the message directed? _____

3. Any implications/precautions beyond HEALTH? _____

4. Are all quotes OK'd by source? ☐ Yes ☐ No Explain: _____

5. Any co-sponsors of the release involved? _____

6. Who should be notified in advance of release (Governor's Office, On-Call HEALTH Administrator, physicians, other)? _____

7. Any special distribution channels required? _____

8. Quote from Dr. Gifford approved? _____

9. Refer to Website: www.HEALTH.ri.gov

10. Has originator provided the press release in electronic form (e-mail)? ☐ Yes ☐ No

Required Review and Approval:

Associate Director/Medical Director: _____
(signature) (date)

Approved

_____ Assistant Director of Health (Public Health Affairs)

_____ Director of Health

11. Final Press release e-mailed to Health Information Administrator (website) ☐ Yes ☐ No

12. Press Release placed on HEALTH website (final step): (Date): _____